

this bill. While I would note that the opportunities presented by electronic records go beyond banks, it is certainly not my intention to have this bill interfere in the jurisdiction of the Banking Committee. Therefore, I would ask the Chairman whether the portion of the language pertaining to records would best be removed from the bill and left for further work by the Banking Committee.

Mr. GRAMM. Yes it would. I would also say to the Senator from Michigan that, with this modification, I would have no further objection to the consideration of this bill. Also, I want to once again express my support for what the Senator is seeking to accomplish and pledge to assist him in this effort.

Mr. ABRAHAM. I thank the distinguished Chairman for his input.

Mr. GRAMM. I thank my colleague from Michigan.

#### CLEMENCY OFFER TO FALN MEMBERS

Mr. COVERDELL. Mr. President, as you know I have been a strong critic of the President's recent decision to offer clemency to the 16 members of the Puerto Rican terrorist organization FALN. I have held hearings on this matter and have seen the outrage this action has prompted in many of my constituents and the public at large. I have received numerous communications regarding this situation which criticize the President's decision and question his motives. In particular, I would like to thank Larry Stewart of Lynchburg, Virginia, one of the first to bring this matter to my attention. His interest in this action and its effect on our overall terrorism policy have been appreciated and helpful to me as our work on this issue has progressed.

#### THE MEDICARE BENEFICIARIES ACCESS TO CARE ACT

Mr. WELLSTONE. Mr. President, I speak today in support of Senator DASCHLE's bill titled the Medicare Beneficiary Access to Care Act, S. 1678. I am proud to cosponsor this important bill because it will provide relief for health care providers suffering under drastic cuts resulting from the Balanced Budget Act (BBA) of 1997. That legislation has had a very negative impact on the Medicare program and the financial viability of our medical establishments providing care under that program. The Senate Minority Leader's legislation will scale back some of the BBA reductions and therefore provide the necessary reimbursement for providers who give needed medical services to patients. Let me be clear, patients will be the ultimate beneficiaries when this bill is enacted. A basic fact is that any person seeking medical attention will likely visit a medical establishment currently being

affected by BBA payment reductions. If medical facilities close due to BBA cuts, it will adversely impact not only Medicare beneficiaries, but all of the citizens in that same community who need access to health care.

Back in 1997, I did not support the Balanced Budget Act. In fact, when this came up for consideration back then I said "Mr. President, this is a huge mistake - a huge mistake." Realizing the vital role of Medicare in our country, I thought that we should be going in the opposite direction - providing the opportunity for all Americans to access decent healthcare. Although BBA passed, I did hope that it would not severely impact Medicare beneficiaries or the healthcare establishments that provide their care. Unfortunately, my worst fears have come true.

I have had an almost continuous stream of people from Minnesota come into my office and tell me about the dramatic, draconian effects that BBA has had on the ability of medical establishments to provide needed medical services to people in my state. We have heard from large academic teaching hospitals, small rural clinics, home healthcare agencies, skilled nursing facilities, hospices and physicians. It is hard to think of a medical establishment that has not been impacted by these cuts. According to the hospitals in my state, the total impact of BBA cuts for Minnesota over 5 years will be \$908 million. The prognosis is really disturbing. We hear many service providers tell us they can not continue their operations because of these cuts. They are going to close their doors and shut down. Some of these establishments are located in rural settings where they are the only hospital or clinic or nursing facility within dozens and dozens of miles. What is going to happen when these facilities close? The answer is that peoples' health will suffer and the communities will suffer economically. The communities will suffer because they don't have a hospital. Businesses will be reluctant to locate in a community that does not have access to healthcare.

It doesn't have to be this way. In the United States Senate, we have the opportunity to fix some of the problems created by BBA. Senator DASCHLE's bill will lessen the impact of the BBA cuts on providers, thus benefitting patients. I think this package will make a substantial difference.

This bill will help our teaching hospitals by limiting further decreases in the Indirect Medical Education payments. Teaching hospitals are important not only because they train future physicians, but also because they treat a large number of Medicare beneficiaries. For skilled nursing facilities, this bill will repeal the \$1500 therapy caps for three years until a new system can be implemented. For Home

Healthcare Agencies, this bill postpones the 15% cut in payments for 2 years. For physicians, this bill would smooth out the fluctuations in physician payment rates. For Medicare Plus Choice, this bill provides enrollees with additional time to switch plans if their plan terminates. For clinics, this bill will create a new payment system that is linked to 1999 costs along with subsequent updates. For hospices, this bill will increase hospice payments by the full market basket updates.

This bill will allow many medical facilities in my state to continue operating. I'm sure the same holds true for most states. We need to pass this bill now. Health care is too important an issue. Even though not everybody has access to it, we do have a great health care system and it needs to be preserved. The BBA was a mistake, and now is the time to limit some of the resulting adverse consequences. I hope that my colleagues will join me in support of this bill.

#### THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Monday, October 4, 1999, the Federal debt stood at \$5,654,411,268,306.82 (Five trillion, six hundred fifty-four billion, four hundred eleven million, two hundred sixty-eight thousand, three hundred six dollars and eighty-two cents).

Five years ago, October 4, 1994, the Federal debt stood at \$4,692,027,000,000 (Four trillion, six hundred ninety-two billion, twenty-seven million).

Ten years ago, October 4, 1989, the Federal debt stood at \$2,878,049,000,000 (Two trillion, eight hundred seventy-eight billion, forty-nine million).

Fifteen years ago, October 4, 1984, the Federal debt stood at \$1,572,268,000,000 (One trillion, five hundred seventy-two billion, two hundred sixty-eight million).

Twenty-five years ago, October 4, 1974, the Federal debt stood at \$476,919,000,000 (Four hundred seventy-six billion, nine hundred nineteen million) which reflects a debt increase of more than \$5 trillion—\$5,177,492,268,306.82 (Five trillion, one hundred seventy-seven billion, four hundred ninety-two million, two hundred sixty-eight thousand, three hundred six dollars and eighty-two cents) during the past 25 years.

#### MESSAGE FROM THE HOUSE

##### ENROLLED BILLS SIGNED

At 9:32 a.m., a message from the House of Representatives, delivered by Ms. Niland, one of its reading clerks, announced that the Speaker has signed the following enrolled bills:

S. 1606. An act to reenact chapter 12 of title 11, United States Code, and for other purposes.

S. 323. An act to redesignate the Black Canyon of the Gunnison National Monument